

Education

Type of School	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify) (Technical Inst./ Vocational)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List three people (no relatives) you have worked with and whom we may contact for a reference.

Name	Address	Phone

Were you in the military? Yes No

If so, years of service _____ Rank _____

Describe any job-related training received in the United States military. **(Please provide a copy of your DD214.)**

Employment Experience

Please give accurate and **complete** information. Start with your present or most recent employment. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Use additional paper if necessary, or attach a resume.

May we contact your present employer? Yes No

Employer			Work Performed	
Address (Include City, State & Zip)				
Telephone Number(s)		Dates Employed		
		From (M/D/Y)	To (M/D/Y)	
Job Title	Supervisor			
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	

Employer			Work Performed	
Address (Include City, State & Zip)				
Telephone Number(s)		Dates Employed		
		From (M/D/Y)	To (M/D/Y)	
Job Title	Supervisor			
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	

Employer			Work Performed	
Address (Include City, State & Zip)				
Telephone Number(s)		Dates Employed		
		From (M/D/Y)	To (M/D/Y)	
Job Title	Supervisor			
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	

Employer			Work Performed	
Address (Include City, State & Zip)				
Telephone Number(s)		Dates Employed		
		From (M/D/Y)	To (M/D/Y)	
Job Title	Supervisor			
Reason for Leaving		Hourly Rate/Salary		
		Starting	Final	

Please explain any gaps in your employment history

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

General

Have you ever been disciplined for absenteeism or tardiness by any previous employer? If yes, provide details. Yes No

Have you ever been discharged or asked to resign by any of your previous employers? If yes, explain. Yes No

Applicant's Statement (Please read the following statements carefully before you sign your name.)

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. **I have read, understand and agree to the above statement.**
(Please initial here.) _____

I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company. **I have read, understand and agree to the above statement.**
(Please initial here.) _____

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that this company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as a part of the hiring process. **I have read, understand and agree to the above statement.**
(Please initial here.) _____

Applicant's Signature _____ Date _____

This application will be considered active for 90 DAYS. For consideration after 90 days you must reapply.

FOR HUMAN RESOURCES USE ONLY

Name of Applicant _____

Date & Time of First Interview _____ @ _____ By _____

Date & Time of Testing _____

WBST:	<u>GED</u>	<u>GL</u>	<u>Overall</u>
Verbal Skills _____ / _____ / _____	_____	_____	_____
Quantitative _____ / _____ / _____	_____	_____	_____
Visual Pursuit _____	_____	_____	_____
Visual Speed & Accuracy _____	_____	_____	_____
Space Visualization _____	_____	_____	_____
ERI _____	_____	_____	_____

Date of Second Interview _____ By _____

Small Parts Dexterity _____

Hand/Tool Dexterity _____

Location Applied At: Cartridge Plant Manifold Plant

Remarks/Offer: Physical _____ / _____ / _____ Background Check _____ / _____ / _____
Drug _____ / _____ / _____

Employed: Yes No Date of Employment _____

Job Title & Pay Rate _____

Day Shift or Night Shift or Train Days/Night Shift _____ Department _____

By _____ DATE

NOTES

